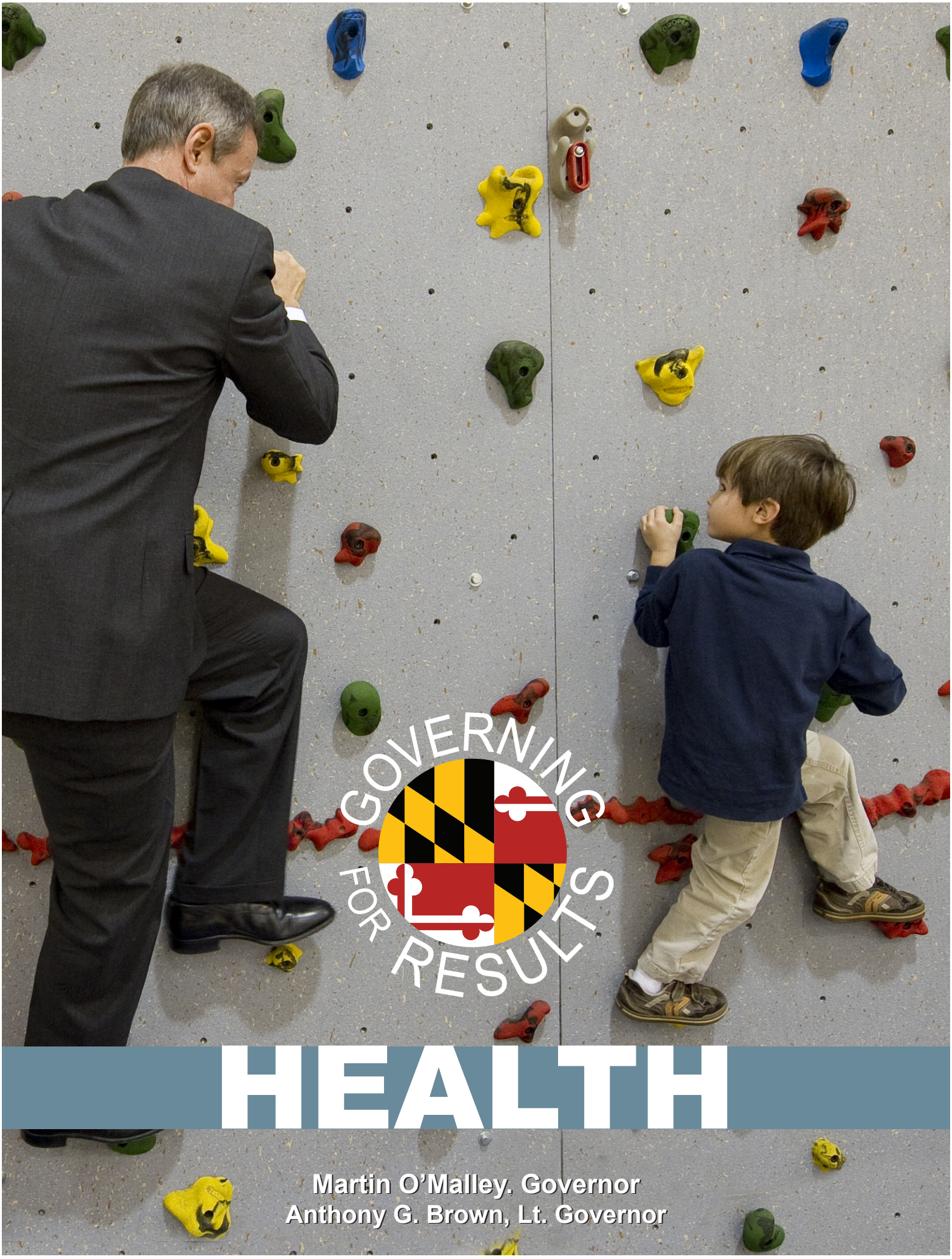


HEALTH

Martin O'Malley. Governor
Anthony G. Brown, Lt. Governor

EXECUTIVE SUMMARY

An upwardly mobile workforce must first be a healthy workforce.

The O'Malley-Brown Administration has made access to quality, affordable health care one of its top priorities, strengthening the health care delivery system and improving the overall health of Marylanders, while slowing the growth of public health care spending. Thanks to efforts by the Administration, Maryland is giving more children a healthy start, offering more citizens access to affordable life-saving health care services, driving down infant mortality rates by 21 percent and effectively treating and combatting substance abuse.

Governor O'Malley also recognized that no child can ever reach full potential on an empty stomach. The Administration dramatically increased the number of free and reduced breakfasts, and expanded meal service to after-school and summer programs. So Maryland is now one important step closer than ever before to ending childhood hunger.

Furthermore, the O'Malley-Brown Administration prioritized dental care for children, and strengthened the public dental health system in Maryland.

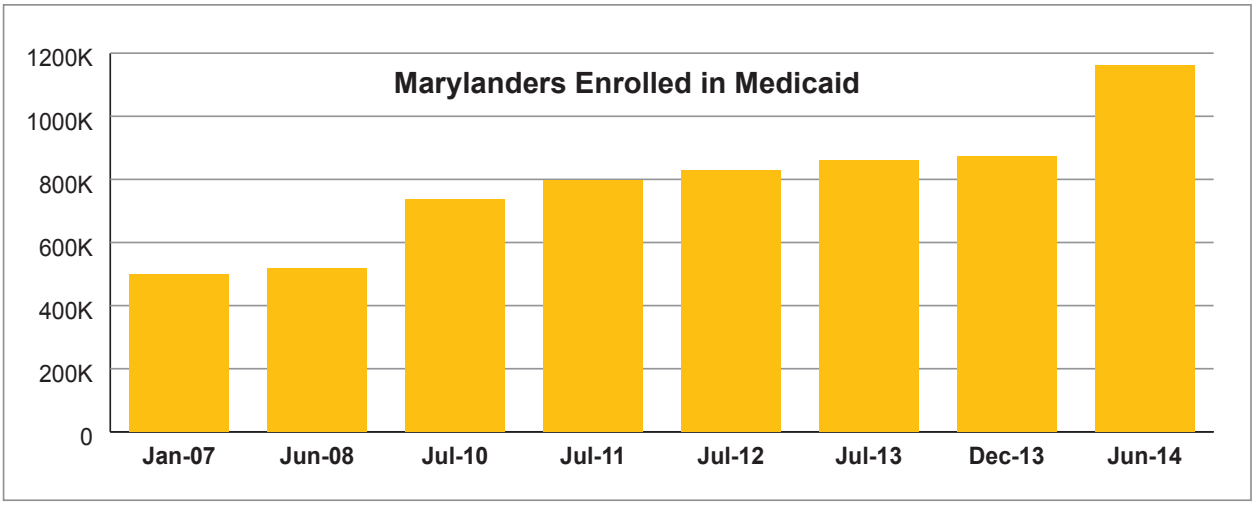
The O'Malley-Brown Administration has also modernized and expanded the state's health care system. Since taking office, 650,000 more Marylanders have enrolled in health insurance. By sharing health care data, doctors, nurses and administrators are improving health practices, reducing redundancy and controlling costs like never before.

BELIEF DRIVES ACTION, ACTION ACHIEVES RESULTS

Under the O'Malley-Brown Administration, the state of Maryland:

- **expanded health care coverage to over 650,000 Marylanders, over a third of them children;**
- **added 580,000 people to the state's insurance plan, growing overall Medic-aid enrollment from 672,000 to 1,259,863;**
- **received an "A" for oral health in national rankings from the Pew Center on the States, and received the highest grade in the country for its innovative efforts in serving the oral health needs of low-income children;**

- **was named by the Commonwealth Fund as one of five states to show improvement on ten or more indicators of health equality, and improved its overall raking from 30th to 12th over the last five years;**
- **was named the best state in the nation for women, according to the Center for American Progress; and**
- **was recognized for its efforts to end childhood hunger, when Governor Martin O'Malley was awarded the Humanitarian of the Year award by Share Our Strength in 2011.**



GOAL:
END CHILDHOOD HUNGER IN MARYLAND BY 2015

SUMMARY OF PROGRESSS

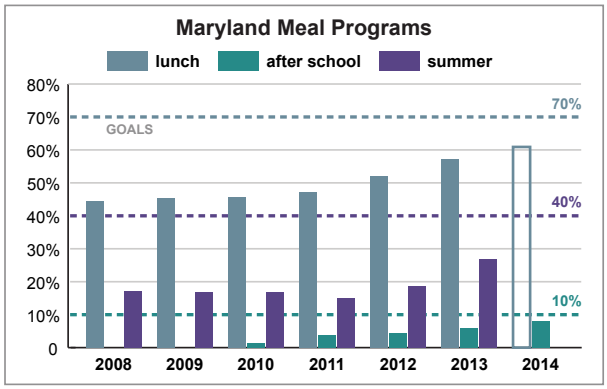
Meeting the human needs of our children so they can grow up healthy and strong -- it's not just a good course of action, it's an essential course of action. It's logical, reasonable, and necessary. Life is precious, and every child matters.

Governor O'Malley's Administration created the Partnership to End Childhood in Maryland and set an ambitious goal to end childhood hunger in Maryland by 2015. The state defined that achievement as ensuring at least 70% of children eating a free/reduced school lunch are also eating a free/reduced school breakfast every day by 2015. Additional secondary goals measure progress in the At-Risk Afterschool Meals Program, Food Supplement Program, Summer Food Service Program, and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

As of November 2013, 61% of the students who ate a free/reduced lunch in Maryland also started their day with a school breakfast, an increase of nearly 66,000 children over the last five years. Maryland also made progress on its secondary goals. The At-Risk Afterschool Meals Program was piloted in Maryland in 2009 and now consistently serves more than 20,000 children each day. Since 2008, Maryland has increased participation in the Summer Food Service Program by more than 500,000 meals, allowing more children access to nutrition resources during the summer months.

Actions taken towards goals

Governor O'Malley's Partnership to End Childhood Hunger in Maryland launched the **First Class Breakfast Initiative** in 2010 to increase the number of children eating breakfast at school each day. The Initiative removes common barriers preventing students from eating breakfast, such as a lack of time in the morning or the stigma associated with eating free breakfast, by offering alternative delivery methods. As of 2014, Maryland has awarded grants to over 200 schools to change the way breakfast is served, including: breakfast in the classroom, "grab and go" breakfast kiosks, and food service after first period.



The O'Malley-Brown Administration has also made a record investment in **Maryland Meals for Achievement**. The innovative program provides free breakfast in the classroom for all students in schools where 40% or more of the student body is eligible for a free or reduced school lunch.

In 2013, the Maryland Department of Human Resources (DHR), along with Share Our Strength and Benefits Data Trust, began a new effort to identify Maryland families participating in other programs, and to offer assistance in completing applications for the Food Supplement Program. Community-based organizations have also been encouraged to participate in DHR's State Outreach Plan and provide outreach and application assistance. These

efforts, from December 2009 to December 2013, have increased the number of children enrolled in the Food Supplement Program by more than 35%.

In 2009, the USDA selected Maryland as one of the pilot states for the **At-Risk Afterschool Meals Program**. The USDA reimburses afterschool programs that serve nutritious meals to students during the school year (including weekends and holidays). There are now almost 500 afterschool programs in high-need areas across the state that offer children a meal each day.

Maryland's **Summer Food Service Program** significantly increased participation in 2013, reversing a trend of stagnation. During the summer of 2013, Maryland served more than 2.8 million meals, the highest participation in the program since the Partnership to End Childhood Hunger in Maryland began tracking program participation, and more than 520,000 additional meals served compared to 2012 (a 22% increase). Throughout Maryland, local jurisdictions piloted programs to increase children's access to summer meals. Montgomery County Public Schools provided hot meals in school cafeterias and served more than 650 a day at one site. Anne Arundel, Charles, and Prince George's Counties, as well as Baltimore City, used mobile meal routes to deliver meals to children.

The Maryland Department of Health and Mental Hygiene (DHMH) continues to exceed the USDA's assigned caseload for women and children served through WIC, and has worked with other members of the Partnership to market child nutrition programs to participants.

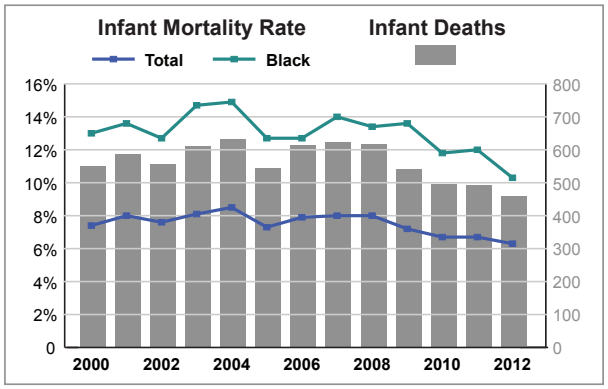
GOAL: REDUCE INFANT MORTALITY IN MARYLAND BY 10% BY 2017

SUMMARY OF PROGRESS

There is no such thing as a spare Marylander. Each has promise, value and potential. Each is loved. So we've worked aggressively—across all levels of our health system—to save the lives of our youngest and most vulnerable.

In his 2014 State of the State address, Governor O'Malley highlighted Maryland's success in reducing infant mortality in Maryland as an example of how setting goals, and holding the administration accountable, achieves positive results. The state set the goal in 2007 of reducing the overall infant mortality rate by 10% by 2012. The state met that goal in 2009 and Then set an even more aggressive goal. Overall, the state has reduced the infant mortality rate by 21.2% between 2007 and 2012, a decrease of 10.9% for whites and 26.4% for African Americans during this time period.

Last year, to continue moving Maryland forward, the state set a new goal of reducing the overall infant mortality rate by an additional 10% by 2017. Recognizing the significant disparities that exist in Maryland's infant mortality rate, the state set another goal to drive down the African American infant mortality rate by an additional 10% by 2017.



Actions taken towards goals

The O'Malley-Brown Administration has invested in transitioning family planning sites to the "**Comprehensive Women's Health**" model in jurisdictions with high rates of infant mortality. Comprehensive Women's Health ensures pregnant women and women of childbearing age receive reproductive health care and additional services, including screening and referrals for Medicaid eligibility, WIC nutrition, substance abuse treatment, mental health, domestic violence prevention, smoking cessation, and weight management. Given the multiple, complex factors contributing to infant mortality, the health of a woman at the time of conception can profoundly affect the pregnancy outcome. In 2013, Maryland provided comprehensive women's health services to over 23,000 women in eight targeted jurisdictions across the state.

As part of Maryland's **Plan for Reducing Infant Mortality in Maryland**, released in December 2011, the O'Malley-Brown Administration implemented "**QuickStart**" prenatal programs in jurisdictions with high rates of infant mortality. Maryland supported the utilization of prenatal navigators in health departments to help high-risk pregnant and postpartum women access necessary services. In addition, federal funding has allowed the Administration to prioritize teen pregnancy prevention through the Personal Responsibility Education Program, Abstinence Education and Coordination Program, and multiple Healthy Teen and Young Adult clinics.

DHMH developed a model breastfeeding policy for Maryland birthing hospitals to promote the long-term health benefits of nursing. All 32 birthing hospitals have committed to adopting **Maryland's Breastfeeding Policy Recommendations** or are working to become certified as a Baby Friendly hospital. DHMH has also begun implementing a standardized hospital postpartum discharge form to link high-risk mothers and infants with community services. In 2012, the O'Malley-Brown Administration updated the Maryland Prenatal System Standards to require hospitals to have a policy prohibiting elective deliveries prior to 39 weeks gestation.

In 2012, Governor O'Malley expanded access to the **Medicaid Family Planning Program**, by providing family planning benefits, like physical exams and screenings, or birth control advice and pills, for any woman who was at or below 200% Federal Poverty Level, up to age 51, and who is a citizen or lawfully present immigrant residing in Maryland. DHMH also expedited Medicaid eligibility and monitored eligibility determinations for pregnant women in target jurisdictions to ensure the 10-day processing requirement.

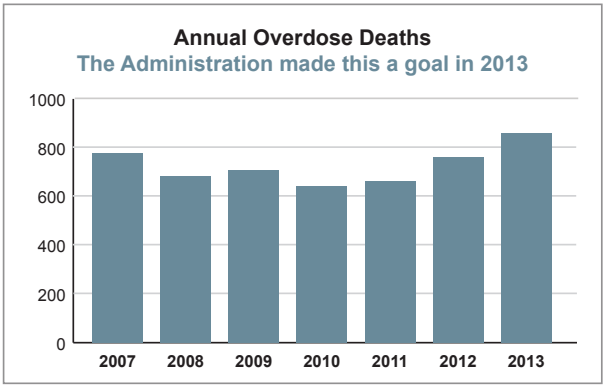
GOAL:
REDUCE OVERDOSE DEATHS BY 20% BY THE END OF 2015

SUMMARY OF PROGRESS

To combat drug overdoses, the O'Malley-Brown Administration uses a collaborative approach which includes creating a common platform for data, sharing information, and designing local and innovative initiatives, many of the same tactics used against violence.

Drug overdoses are a serious public health challenge in Maryland and across the nation. In 2013, there were 858 unintentional drug and alcohol-related deaths in Maryland, up 32% from 2010. Opioids, including heroin and prescription opioid drugs, have been involved in the majority of overdose deaths since 2007.To combat this problem and save lives, the O'Malley-Brown Administration set a goal of reducing overdose deaths by 20% by the end of 2015.

From FY2008 through FY2012, the O'Malley-Brown Administration worked to expand access to substance abuse services by 25% by the end of FY2012. Data from DHMH show the state surpassed its goal with a 26% increase. In FY2012, 22,431 patients received state-supported treatment in Maryland, up from 17,809 patients in FY2008.



Actions taken towards goals

On June 27, 2014, Governor Martin O'Malley signed an executive order announcing the formation of the **Overdose Prevention Council** to counter the increase in the number of overdose deaths. To address the epidemic, the Council will advise and assist in establishing a coordinated, statewide effort to reduce the number of fatal and non-fatal overdoses in Maryland. In addition, DHMH released its **2013 Annual Report: Drug and Alcohol-Related Intoxication Deaths in Maryland**. Following Governor O'Malley's directive, DHMH launched a statewide public education campaign to raise awareness and assist people seeking information on the prevention of opioid overdoses.

Overdose Response Program regulations went into effect on March 3, 2014 and DHMH began authorizing private and public entities to train and certify individuals to administer Naloxone, a life-saving opioid antagonist used to reverse the effects of opioid overdose.

The department is supporting three **Local Overdose Fatality Review Teams** in Baltimore City, and Cecil and Wicomico Counties, which began meeting in February 2014. The multidisciplinary teams examine cases of overdose fatalities and share data with the goal of identifying potential systemic changes that can help prevent future fatalities. In 2014, legislation passed that sets overdose fatality review into law, adding more structure to the teams and establishing additional civil liability protections for members who provide information, participate on, or contribute to the functions of, the local team. Each jurisdiction now has the

ability to establish a local team, with the confidence that team members will be duly protected for their participation with this informative initiative.

Fully launched in December, 2013, Maryland's **Prescription Drug Monitoring Program** (PDMP) monitors the prescribing and dispensing of Schedule II-V Controlled Dangerous Substances, including the most commonly used opioid analgesics, and makes a patient's prescription history available in real-time to healthcare providers. Among other things, the PDMP will discourage behavior that can lead to the misuse of prescription drugs and will help prevent the prescription of drugs that potentially cause harmful interactions. In Maryland, over 40% of all overdose deaths that occurred between 2007 and 2012 involved one or more prescription opioid. In 2014, legislation passed that further authorizes the PDMP to review prescription monitoring data and report possible misuse or abuse to a prescriber or dispenser.

In 2013, DHMH began implementing the **Maryland Opioid Overdose Prevention Plan**, which outlines the various initiatives at the state level that are focused on reducing overdose fatality. These initiatives include enhancing epidemiology; continuing to expand access to, and the effectiveness of, substance use disorder treatment; supporting local public health action; addressing pharmaceutical opioid overdoses through clinical education/training, the PDMP, and a Controlled Dangerous Substance Integration Unit; expanding the use of naloxone; and developing an emergency response plan in the event of an abrupt change in the prescribing, dispensing, or use of opioids at the community level.

In 2014, a **Good Samaritan** bill passed establishing limited immunity from criminal prosecution for certain enumerated crimes, applicable to a person in need of emergency medical assistance after ingesting or using alcohol or drugs, as well as a person who seeks, provides or assists with the provision of medical assistance for a person experiencing such a medical emergency. DHMH has sought review from the Attorney General's Office to respond to inquiries and provide information in public messaging of the new law, which becomes effective October 1, 2014.

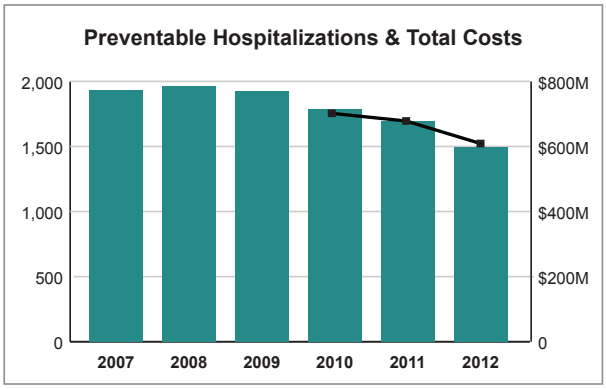
GOAL:
REDUCE PREVENTABLE HOSPITALIZATIONS BY 10% BY THE END OF 2015

SUMMARY OF PROGRESS

Together, with the help of DHMH, the O'Malley-Brown Administration set a goal of reducing the rate of preventable hospitalizations by 10% by 2015. The overall risk-adjusted rate of preventable hospitalizations in Maryland was 1,692/100,000 in 2011. The Administration's goal was to reduce that rate to 1,523/100,000 by 2015.

In 2012, the state exceeded its goal, with preventable hospitalizations driven down to 1,491/100,000. In response, DHMH is in the process of reevaluating the goal, and plans to set a new preventable hospitalizations goal in the near future.

Overall the state decreased overall preventable hospitalizations by 11.8%. In sub-categories, chronic hospitalizations were driven down by 11.6% and acute hospitalizations were driven down by 12.1%.



Actions taken towards goals

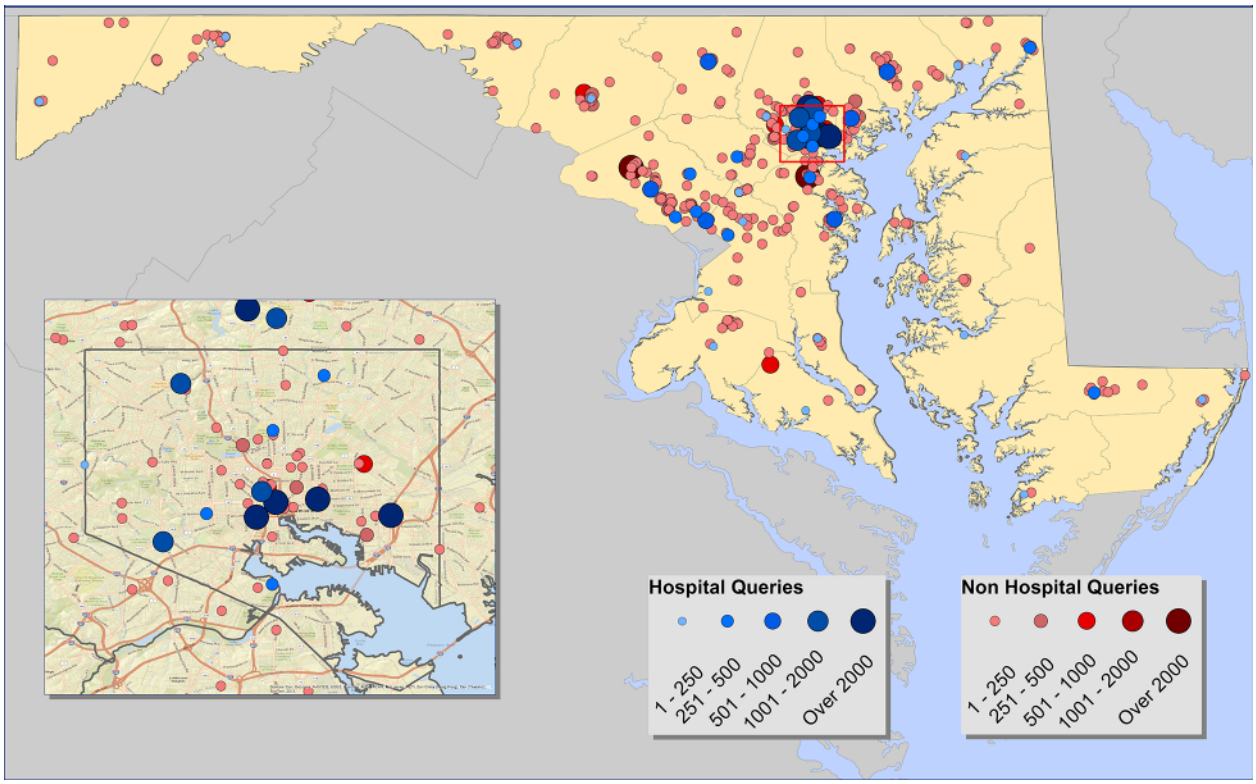
In January 2014, the Centers for Medicare & Medicaid Services (CMS) approved Maryland's waiver application to implement a **groundbreaking new system of health care delivery**, limiting growth in hospital spending per capita and tying spending to growth in the state's economy. Under the authority granted in Maryland's Medicare waiver, Maryland has set its own rates for hospital services for 36 years. Maryland is the only state in the nation to operate an all-payer hospital rate setting system, under which all patients – private, Medicaid, and Medicare – pay the same rate for services at the state's hospitals. The new model will allow Maryland to set global budgets and other alternative approaches to payment that reward systems of care and provide improved outcomes at lower costs.

The Maryland Health Improvement and Disparities Reduction Act of 2012 created **Health Enterprise Zones** (HEZs), contiguous geographic areas that have documented evidence of health disparities, economic disadvantage, and poor health outcomes. Maryland will target state resources to these selected areas to reduce disparities, improve

healthcare access, and reduce healthcare costs and hospital readmissions. In 2013, the state designated 5 HEZs and, across these HEZs, recruited a total of 47 practitioners and opened or expanded 8 health care delivery sites. All five HEZs are now providing clinical and other support services.

Governor O'Malley set a goal to establish a comprehensive statewide, private-public, secure **Health Information Exchange** (HIE) and widespread adoption of electronic health records (EHRs) by the end of 2012. To that end, the Administration achieved its goal of connecting all 46 acute care hospitals and medical centers to the HIE to securely share health information in real-time. Designated as Maryland's health information exchange in 2009, the **Chesapeake Regional Information System for our Patients** (CRISP) connects Maryland's physicians, hospitals, labs, and radiology centers with real-time information, ensuring continuity of care for their patients. The HIE enables doctors and nurses to instantly and securely share health information to support the treatment and diagnosis decision making process.

Maryland providers are currently accessing data within the HIE over 1,000 times each day. CRISP also enables doctors to receive real-time notifications when their patients are hospitalized, sending roughly 180,000 notifications a month to physicians whenever their patients are admitted, discharged, or transferred to any hospital in Maryland.



BEYOND THE STRATEGIC GOALS

Health Care Costs: Maryland is leading the country in bringing healthcare costs under control. The state was granted a waiver to implement an all-payer rate-setting system for hospitals that will improve patient health and reduce health care costs. The agreement with the Centers for Medicare & Medicaid Services (CMS) will allow Maryland to implement policies that reduce per capita hospital expenditures and improve health outcomes. Princeton University health care economist Uwe Reinhardt said, "This is without any question the boldest proposal in the United States in the last half century to grab the problem of cost growth by the horns" (Kaiser Health News, "Maryland's Bold Hospital Spending Plan Gets Federal Blessing," 1/10/14).

Expanding Healthcare: Over the course of seven years, Maryland expanded health care coverage to over 650,000 Marylanders, surpassing the state's goal of expanding healthcare coverage to 400,000 Marylanders. Through Medicaid, the state has added over 580,000 people to the state's insurance plan, growing overall Medicaid enrollment from 672,000 to 1,259,863. Initial estimates show hospital uncompensated care will be reduced by $164 million from moving people to Medicaid.

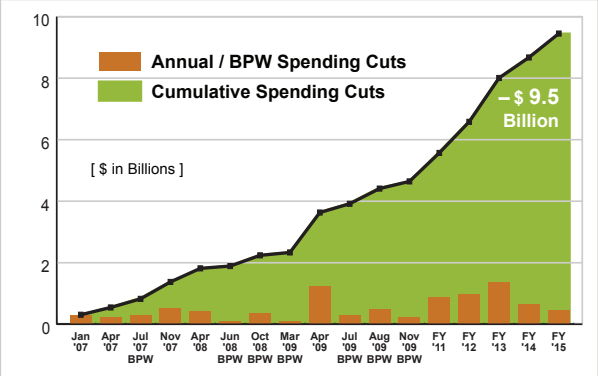
Expanding Veterans Behavioral Health Programs: In 2008, Governor O'Malley approved Chapter 555, which established a three-year initiative targeting veterans' behavioral health issues. The law took effect on June 1, 2008 and the program, Maryland's Commitment to Veterans (MCV), remained in place for three years. In 2011, Governor O'Malley approved Chapter 81 that codified MCV into law with no sunset. From the program's inception in October 2008 to January 2014, MCV has assisted 6,602 veterans and their families.

Access to Oral Health Care for Children: Using eight key benchmarks as its guide, The Pew Center on the States, a division of The Pew Charitable Trusts, awarded Maryland in 2011 an "A" for oral health in its "The State of Dental Health" Report Card, the last year Pew used these benchmarks. In 2007, Governor O'Malley, Secretary Colmers, and the General Assembly convened a Dental Action Committee which provided recommendations for Maryland to improve its oral health services, including increased funding to raise reimbursement rates for dentists treating children, and expanding dental service in underserved areas of the state.

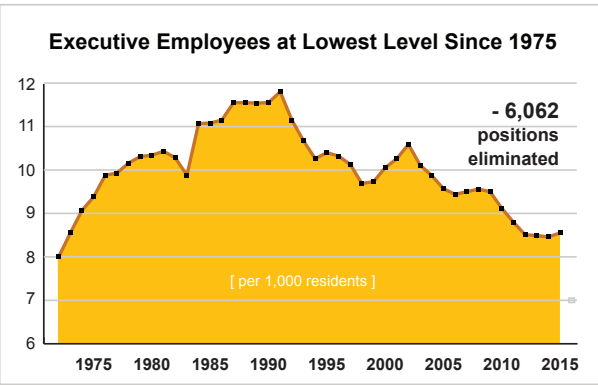
State Health Improvement Process: In September 2011, DHMH launched the State Health Improvement Process (SHIP) to provide a framework for improving population health and reducing persistent health disparities in the state. The SHIP provides baselines, targets, and annual updates for 41 health measures at the state and county levels. The goal of this data framework is to drive and support aligned collective local action to improve health through 20 local health improvement coalitions spanning the state. The SHIP provides a planned, organized, and measured approach to community health improvement in Maryland localities. It focuses state and local action on population health improvement factors to ensure that people live, work, and play in healthy environments and that the state's prevention and health care services are evidence-based.

FISCAL RESPONSIBILITY

The O'Malley-Brown Administration's fiscally responsible approach to governing has resulted in the state making significant progress in eliminating an inherited $1.7 billion structural deficit, all while making smart choices to invest in things that work; education, innovation and infrastructure -- and common platforms with publicly available data shared by all.



The O'Malley-Brown Administration has **cut spending by a total of $9.5 billion over the last eight years** – more than any administration in modern Maryland history.



Governor O'Malley **shrank the size of government, eliminating 6,000 state positions since 2007**. Under his leadership, the state's executive branch is the smallest it has been, per capita, since 1972.

Maryland is 1 of only 7 states to maintain a AAA-bond rating from all three credit rating agencies through the recession.

Governor O'Malley has **held general fund budget growth to its lowest level in a generation at 2.1%** (compared to 7.5% under the preceding governor).

Unlike governors who ignored pension system problems, or who used problems as an opportunity to attack public sector workers, Governor O'Malley **reformed Maryland's retirement system** in a fiscally responsible way without infringing on collective bargaining rights.

Faced with $35 billion in unfunded pension and benefit liabilities, Governor O'Malley **implemented thoughtful reforms that restored the financial health of the pension system and reduced the unfunded liability of retirees' health benefits**, all while protecting state employee benefits and access to healthcare for retirees.

For more information on Maryland's progress,visit

GOALS.MARYLAND.GOV